

State of Connecticut
Department of Public Safety
Division of State Police

DPS-90-C (Rev. 04/'03) CR	IMINAL	INFOR	MATION SU	MMARY	MAI	DITION	AL PAGES					
TROOP / UNIT: A				T TATE	T D.	0.C						
	TIGATING TROO			CASE NUMBER:	-7 1 6.2	,						
06/09/05 1104 hrs TPR. D'UVG #4/10 0PS-05-028 158 LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY);												
- 1.												
50 Nungagy Rd. Newfoun CT Garner C.C. SUMMARY OF INCIDENT OR AFFIDAVIT: DARREST MADE SUNDER INVESTIGATION												
CSP-A Trooper D'Uva is investigating an Assault that took place at Garner C.C. where												
3 D.O.C. employees were assoulted by charles Redshirt an inmete in F Block. The employees												
where Checking on Account who was detained for an assault that took place Yesterday at Garner.												
411 3 employees where freaked and released from the hospital for minor injuries.												
VICTIM:(DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME F NAME / BUSINESS / AGENCY: MM F ADDRESS: (TOWN/CITY&STATE ONLY)						NILE:	INJURED:					
				YES		□ NO						
Raymond Migliaro 17 Focest Dr. Wolfatt CT NAME/BUSINESS/AGENCY: MM DF ADDRESS: (TOWN/CITY&STATE ONLY)				AGE: JUVENILE:		INJURED:						
			☐ YES		NO YES							
Robert Farmer 50 Nungacyk R.L. Nectown NAME/BUSINESS/AGENCY: DM OF ADDRESS: (TOWN/CITYESTATE ONLY)			ectour	AGE: JUVENILE:		INJURED:						
			1		TYES PS							
JYSON CALLERON	4 Son Calderon 50 Nunningule Rd. Newtown WESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS IF JUVENILE, WRITE "JUVENILE" IN THE NAME				AGE:		LINU					
ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS- IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD) NAME: DOB: ADDRESS:												
Charles Redshirt	5-	13-83	50 Nunn	anguk Rd	Neu	abour	1					
CBARGES:	COURT; BOND;			INJURED:		D;						
under investigation	GA: 3		☐ NON-SURETY		AMBULANCE:							
3.	TOWN: Danbury		AMOUNT S: TO BE PRESENTED AT COURT			HOSPITAL:						
4.	DATE:		☐ TRANS TO DEPT OF CORRECTIONS @			*						
NAME:	F DO	B:	ADDRESS:									
CHARGES:	COURT': GA:		BOND:	☐ SURETY		INJURE YES	D: NO					
2.	OA.		□ NON-SURETY □ WPTA		AMBULAN		ANCE:					
3.	TOWN:		AMOUNT'S: ☐ TO BE PRESENT	HOSPITAL:								
4.	DATE:		☐ TRANS TO DEPT	√S @:								
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CHARGES:	COURT:		BOND:	□ SURETY		INJURE	D:					
1.	GA:		NON-SURETY WPTA		AMBULANCE:		ANCE:					
3.	TOWN:		AMOUNT S: TO BE PRESENTED AT COURT			HOSPITAL:						
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NAME:	I F DO	B:	ADDRESS:									
CHARGES:	COURT:		BOND:	SURETY		INJURE	D: NO					
1. 2.	GA:		NON-SURETY	WPTA		AMBUL	ANCE:					
3.	TOWN:		AMOUNT S: . TO BE PRESENTED AT COURT			HOSPE	AL:					
4.	DATE:	110	TRANS TO DEP		NS @:							
SUPERVISOR'S APPROVAL REQUIRED:		MI	ID#: /7/	D	ATE:	The state						
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE <u>PREEDOM OF INFORMATION LAWS.</u>												
FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 860-685-8230 FAX: 860-685-8301 TO BE												



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OOP/UNIT: 4	OTHER INVOLVED AGENCY:			□ NO ☑ YES,	7	D. o.	(
E; TIME: INV	INVESTIGATING TROOPER / OFFICER:			DPS CASE NUMBER:						
06/09/05 TIME: INV										
LOCATION OF INCIDENT (STREET NAME	AND CITY/TO	OWN ONLY):								
SUMMARY OF INCIDENT OR AFFIDAVIT:		ARREST MAI	DE UNDI	ER INVESTIGATION						
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VICTIM: (DO NOT IDENTIFY ANY JUVENIL	E BY NAME O									
NAME / BUSINESS / AGENCY: MM	LI F ADD	RESS: (TOWN/CIT		JUVE	YES	INJURED:				
David Pins	50	Nunna	Newtown	AGI	E:	□ NO				
	F ADD	F ADDRESS: (TOWN/CITYASTATEONLY)					INJURED:			
					YES	☐ YES ☐ NO				
NAME / BUSINESS / AGENCY:	DF ADD	RESS- (TOWN/CIT	Y&STATE ONLY		JUVE		INJURED:			
Transpir bookings/ Aoakida.	NAME / BUSINESS / AGENCY:					YES	☐ YES			
A					AGI		□NO			
ARRESTED: (DO NOT IDENTIFY ANY JUVE) NAME:	M D F	E OR ADDRESS- IF DOB:	ADDRESS:	"JUVENILE" IN THE NAM	E FIELD	& "AGE" II	V DOB FIELD)			
NAME:	_ ML _ L	DOB:	ADDRESS:							
CHARGES:	COURT:		BOND:			INJURE	D:			
1.	GA:		☐ CASH		☐ YES	S □ NO				
2.	- 4		MOUNTS:		AMBULANCE:					
	TOWN:			SENTED AT COURT		HOSPIT				
	DATE:			DEPT OF CORRECTION	S @:					
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1 TONITARIO	J U.	DOD.	ADDRESS:							
CHARGES:	COURT:	1.	BOND:			INJURE	D:			
1.	GA:		CASH NON-SURE	SURETY		☐ YES	NO NO			
2.			AMOUNT S:	TY WPTA			B NO			
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CHARGES:	COURT:		BOND:			INJURE				
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NAME:	JM DF	DOB:	ADDRESS:							
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PERVISOR'S APPROVAL REQUIRE	D: INITIA	U.S:	ID#:	17) D	ATE:	Blogi				
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